



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FUNDING APPLICATION FOR FUNDING TO RESPOND TO COVID-19

Release Date: October 28, 2020

Due Date: November 13, 2020

Community Services Division
Auburn City Hall
25 W. Main St
Auburn, WA 98001
253-288-3168

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Community Services Manager
253-876-1965
jfscott@auburnwa.gov

Kyla Wright
Human Services Program Coordinator
253-931-3096
kwright@auburnwa.gov

CDBG Application available on the City of Auburn website at:
www.auburnwa.gov/bids

Application Instructions

1. Carefully review the Notice of Funds Available (NOFA), instructions and application prior to proceeding. Contact Kyla Wright at 253-931-3096 or kwright@auburnwa.gov for assistance. Joy Scott at 253-876-1965 or jfscott@auburnwa.gov is also available for assistance.
2. Please contact Kyla Wright at kwright@auburnwa.gov for a fillable Word document version of this application.
3. All potential applicants are required to have a Project Eligibility Review conversation with staff prior to submitting. The meeting and/or conversation must take place by 4 p.m. on Tuesday, November 10, 2020.
4. All applications must be received via email by 5:00 p.m. on Friday, November 13, 2020.
5. If funding is being sought for more than one project, submit one application per project.
6. Text boxes in this document are all of a uniform size; they will adjust to the amount of text you enter.
7. Do not edit the formatting of the document.
8. Limit Section 3: Project Scope (Application Narrative) to a total of 3 pages or less.
9. Signature on Applicant Certifications: Certifications must be printed, signed, and scanned. Image files or typed names in lieu of signatures will not be accepted. Please retain the original in your files.
10. Assemble the application pdf in the following order:
 - a. Applicant Certification
 - b. Application Checklist
 - c. Full Application (Sections 1 to 4)
11. Submit a .pdf file(s) of the full application, including all certifications, via email to jfscott@auburnwa.gov. The email subject and file name must be clearly labeled with the applicants' name, program name, and CDBG-CV.
12. Incomplete or late applications will not be considered for funding. Application must be typed (not handwritten).

Applicant Certification

To the best of my knowledge and belief, the information contained in this application and in the additional required documentation submitted with this application is true and correct.

The Applicant agrees that, at the time of application, it has all of the additional required documents as outlined in the Applicant Checklist and will submit the additional required documents should funding be recommended and acknowledges that should these documents and information not be provided or be determined to be insufficient or incomplete, funding will not be awarded.

The Applicant agrees that if the project is awarded CDBG funding, it will comply with all Federal, state, and local statutes, regulations, policies, and requirements applicable to CDBG funding.

Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are awarded to the Applicant.

Signature of Authorized Applicant Representative

Date

Name and Title of Authorized Applicant Representative (Please Print or Type)

CDBG-CV Application Checklist

TO BE SUBMITTED WITH APPLICATION

Authorization

- 1. Applicant Certification Signed by Authorized Representative (*photocopy included in pdf application*)

Project Eligibility Review

- 2. Applicant met remotely or had a phone conversation with staff before Wednesday, October 21, 2020 by 4 p.m. The project eligibility occurred on _____.

Application

- 3. Submit one pdf document including signed Applicant Certification, CDBG-CV Application Checklist, and Application (Sections 1-4).
- 4. Submit a clearly labeled email with a .pdf file of the full application. Email subject and file name must identify organization, program name, and CDBG-CV.

APPLICANT HAS THE FOLLOWING AND AGREES TO SUBMIT IF FUNDING IS RECOMMENDED

N/A Attachments – Section 1 General Requirements

- 5. Copy of 501(c)(3) tax exemption determination letter from the IRS (*private non-profit applicants only*).
- 6. Copy of Articles of Incorporation and Bylaws, the documents recognized by the State as formally establishing a private corporation, business, or agency.
- 7. Proof of registration as an active non-profit corporation in Washington State (*private non-profit applicants only*).
- 8. Résumés of the President/Executive Director, Chief Fiscal Officer, and Chief Program Administrator/Project Manager.

N/A Attachments – Section 2 Applicant Capacity

- 9. Organizational chart that describes the organization's administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff positions of shared responsibility.
- 10. All data collection tools that will be used to verify achievement of goals and objectives
- 11. Copy of **license(s) or certificate(s)** required to operate (*if applicable*)

- 12.** List of current Board of Directors, or other governing body members, which includes the name, phone number, address, and occupation or affiliation of each member and identifies the principal officers of the governing body
- 13.** Current organization budget, showing projected revenue sources and expenditures for the current year.

Attachments – Section 3 Project Scope

- 14.** Documentation showing how the proposed project will meet and qualify under a CDBG National Objective (may include: client intake form, homeless verification form, or a map of the service area)

N/A Attachments – Section 4 Financial Feasibility

- 15.** Evidence of other funding commitments, if applicable.
- 16. Job descriptions** for positions to be supported by Auburn CDBG funds, including a list of the duties and minimum qualifications for filling each position (*Note: administrative costs, such as a director salary, are not eligible for reimbursement if the position does not provide direct service to clients*)
- 17.** Operating budget, if appropriate.

N/A Attachments – Risk Assessment

- 18.** Most recent audit.
- 19.** Audit Management Letter
- 20.** IRS Form 990 or applicable Tax Return
- 21.** Agency financial statement
- 22.** Personnel Manual
- 23.** Accounting/Financial Management Manual
- 24.** Other funder monitoring reports and certifications

Section 1: General Requirements

1. Applicant Legal Name:

2. Applicant Address:

3. Applicant is: Non-profit

Public agency

4. Service Type: Please select one

If other:

5. Date of Incorporation:

UBI#:

6. DUNS#:

EIN#:

7. Contact Information:

Executive Director

Name:

E-Mail:

Phone:

Application Contact

Name/Title:

E-Mail:

Phone:

Financial Contact

Name/Title:

E-Mail:

Phone:

Project Manager

Name/Title:

E-Mail:

Phone:

8. Project Name:

9. Project Address:

10. Amount of Auburn CDBG-CV funding requested: _____

11. Amount of Other Funding (*Provide detail in Section 4):

Total project cost:	
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12. If funded, the earliest date the project could begin: _____

13. Summarize your proposed project in response to COVID-19 in two to three, brief sentences.

Section 2: Applicant Capacity

- Describe your organization’s experience in executing this type of project funded with CDBG funds. Include knowledge of Federal regulations governing acquisition, procurement, Equal Employment Opportunity, and labor standards and experience administering CDBG funds on time, within budget, and in compliance with funding requirements. If no experience with CDBG funds, explain experience with other Federal funds.
- List all *CDBG funded* projects awarded to your organization by Auburn or King County in the past five years that have directly benefited Auburn residents and provide the status of each. Attach an additional document if more space is needed.

(1)	(2)	(3)	(4)		(5)	
Project Name	Program Year Awarded	Amount Awarded	Completed in time originally specified in contract?		Completed within original budget?	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If any answers to (4) or (5) in question No. 2 above are no, please explain.

Section 3: Project Scope

1. All projects funded with City of Auburn CDBG or CDBG-CV funds must meet the National Objective of benefiting low- and/or moderate-income persons. How does the proposed project meet and qualify under a CDBG national objective? Please select A or B and describe documentation.

A. Limited Clientele Presumed Benefit Activity (*project exclusively serves a group of persons generally presumed to be principally LMI*). **Must document the presumed benefit status (e.g. homeless verification form, etc.)**

Which HUD presumed benefit category will the project benefit? Please select one

How is presumed benefit status documented?

B. Limited Clientele Direct Benefit Activity (*project is limited exclusively to Low- to Moderate-Income (LMI) persons*). **(Must document client income in a HUD approved method.)**

How is client income documented?

2. Describe the proposed project. Is this a new project or an expansion of an existing project? Please include the need the project will address and how it is related to COVID-19.

3. Please describe who will be served by the proposed project. (*This may be families, individuals, renters, age (youth or elderly), persons with mental illness, etc.*)

4. How will staff for the project determine and document that the client need is a result of COVID-19 and/or measures implemented to reduce or slow the spread of COVID-19?

5. CDBG-CV funds require that other funding sources be used first. How will the project ensure other funds are accessed, insufficient to meet the need, and/or not available?

6. CDBG-CV funds may not pay a cost if another source of financial assistance is available to pay that cost (special attention to FEMA assistance, SBA loans, etc.). Does staff have adequate procedures in place that will prevent the duplication of benefits?

7. How is project culturally relevant and appropriate to the population to be served? Include how you address linguistic and cultural needs of the people you propose to serve.

8. How will you address equity in access? For instance, some recent resources require computer access or are on a first come, first served basis. How will you address technology, language, and/or other factors that may make resources more difficult for underserved and underrepresented populations to access the resources?

9. Specify the output goals for the proposed project. Outputs measure the amount of work. Please include number of residents served, families/households served, and number of output units.

	PY2021 Projection
1. Auburn persons assisted by Auburn CDBG funds only	
2. Auburn families/households to be assisted by Auburn CDBG funds only (subset of #1)	
3. Output Unit:	

10. Specify the timeframe of the project. Include start dates, milestones, intermediate targets, and completions dates. If a new project, include estimates of relevant development details such as program development or hiring of staff, start dates for project, and dates the project is anticipated to be 50% complete and 100% complete.
11. Summarize any possible issues that have the potential to delay the proposed project, and describe steps that have been taken, or will be taken, to address those issues.

Section 4: Financial Feasibility

1. Complete the Project Budget sources and uses tables. Please include all funding sources that are committed and requested as well as funding sources that are identified but not yet requested.

A. Fund Sources	Committed Funds	Requested Funds (not committed)	Anticipated Funds to be Requested
CDBG-CV FUNDS			
Other Source of Funds (<i>please specify</i>):			
Total Project Sources			

B. Line Item Budget	CDBG-CV Funds*	Other Sources
Personnel Services (detail below)		
Office or Operating Supplies		
Consultant or Purchased Services		
Communications		
Travel and Training		
Other (specify):		
Total CDBG and Other Funds:		
TOTAL PROJECT BUDGET (CDBG and Other Sources):		

C. Personnel Detail			
<i>Position Title</i>	<i>Position Full Time Equivalent</i>	<i>Annual Salary and Benefits</i>	<i>CDBG Funds</i>
Totals:			

2. Explain: **(1)** how you developed your total project cost; **(2)** why you consider your project costs to be reasonable; **(3)** any unusual budget expenditures listed in the budget forms; and **(4)** if federal or state prevailing wage is included in the project cost.

3. Explain how the agency will track and directly allocate costs to this project and with CDBG-CV funds.

4. If funded, will the proposed project leverage additional matching resources? Yes No
Provide any relevant comments below.

5. Specify whether your project will generate program fees or program income, and if so, how (e.g., late fees, counseling fees, transitional housing rent, etc.).